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## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Association of Oral and Maxillofacial Surgeons Political Action Committ-9700 West Bryn Mawr Ave. ADDRESS (number and street) Check if different than previously Rosemont IL 60018 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00005660 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2006 07 3 1 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Vincent DiFabio Type or Print Name of Treasurer Electronically Filed by Dr. Vincent DiFabio 08 16 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Re	port Covering the Period: From:	01 2006	To: 0 7 3 1 2 0 0 6
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(	a) Cash on Hand  January 1  Y2006  Y2006		488464.93
(	b) Cash on Hand at Begining of Reporting Period	392054.77	
(	c) Total Receipts (from Line 19)	1420.40	56040.98
(	d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	393475.17	544505.91
-	otal Disbursements (from Line 31)	66133.00	217163.74
(	Cash on Hand at Close of		
	Reporting Period subtract Line 7 from Line 6(d))	327342.17	327342.17
[	Debts and Obligations owed TO		
	he committee (Itemize all on Schedule C and/or Schedule D)	0.00	
). [	Debts and Obligations owed BY		
	he committee (Itemize all on Schedule C and/or Schedule D)	0.00	

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

American Association of Oral and Maxillofacial Surgeons Political Action Committ-

0 1 м м 0 7 м м 0 7 3<sup>D</sup>1 2006 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 250.00 16175.00 (i) Itemized (use Schedule A) .......... 300.00 24905.00 (ii) Unitemized ..... (iii) TOTAL (add 550.00 41080.00 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 550.00 41080.00 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 9500.00 Political Committees ..... 17. Other Federal Receipts 870.40 5460.98 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 1420.40 56040.98 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 1420.40 56040.98 (subtract Line 18(c) from Line 19) .....

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating  Expenditures	133.00	3013.74
	(c) Total Operating Expenditures		
2	(add 21(a)(i), (a)(ii) and (b))	133.00	3013.74
	Committees	0.00	0.00
3.	Contributions to Federal Candidates/Committees	0000000	000500.00
1.	and Other Political Committees	66000.00	206500.00
	(use Schedule E)	0.00	0.00
J.	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7.	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other		150.00
	Than Political Committees	0.00	150.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	150.00
	(add Lines 28(a), (b), and (c))	0.00	130.00
9.	Other Disbursements	0.00	7500.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity (from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,	******	
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	66133.00	217163.74
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	66133.00	217163.74
	110111 LITTE 31)	00133.00	217103.74

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	550.00	41080.00
34. Total Contribution Refunds (from Line 28(d))	0.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	550.00	40930.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	133.00	3013.74
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	133.00	3013.74

A. Dr. Joel Rosenlicht

Manchester

Name of Employer Self-Employed

Primary

Receipt For:

City

Mailing Address

### **SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS**

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

FEC ID number of contributing

federal political committee.

Other (specify)

Suite 102

General

483 West Middle Turnpike

State

CT

C

Aggregate Year-to-Date ▼

250.00

FOR LINE NUMBER: PAGE 6/16 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. American Association of Oral and Maxillofacial Surgeons Political Action Committ-Date of Receipt 07 27 2006 Zip Code Transaction ID: SA11A1.14401 06040 Amount of Each Receipt this Period 250.00 Occupation Oral Surgeon

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	250.00
TOTAL This Period (last page this line number only)	<u> </u>	250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 16 (check only one)  11a 11b 11c 12 13 14 15 16 X 17
An	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  American Association of Oral and Maxillo	ofacial Su	rgeons Political Action Comr	nitt-
<u>′</u> 4.	Full Name (Last, First, Middle Initial) Northern Trust Bank			Date of Receipt
	Mailing Address 8501 W. Higgins Road			07 10 7 2006
	Chicago	State II	Zip Code 60631	Transaction ID: SA17.14406  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00001	436.64
	Name of Employer	Occupation	1	CD Interest
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 3220.27	
3.	Full Name (Last, First, Middle Initial) Northern Trust Bank			Date of Receipt
	Mailing Address 8501 W. Higgins Road		7.0.1	07 31 2006
	City Chicago	State IL	Zip Code 60631	Transaction ID: SA17.14405  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00001	52.03  Bank Interest
	Name of Employer	Occupation	1	Dank interest
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3272.30	
).	Full Name (Last, First, Middle Initial) Scudder Investments Service Company			Date of Receipt
	Mailing Address P.O. Box 219154			07 25 7 2006
	City Kansas City	State MO	Zip Code 64121-7197	Transaction ID: SA17.14407  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	041217107	381.73
	Name of Employer	Occupation	1	Interest
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2188.68	
s	UBTOTAL of Receipts This Page (optional)			870.40
т.	OTAL This Period (last page this line number on	lv)	•	870.40

_	\$			
S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 8/16
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	y one)  22 23 24 25 26 28a 28b 28c 29 30b
	y Information copied from such Reports and Sta for commercial purposes, other than using the n	•		, ,
\	NAME OF COMMITTEE (In Full)			
	American Association of Oral and Maxil ee	lofacial Surgeons Political Ac	tion Commi	itt-
	Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.14408
۹.	Northern Trust Bank			Date of Disbursement
	Mailing Address 8501 W. Higgins Road	d		077 05 7 2006
	City Chicago	State Zip Code IL 60631		Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fees			133.00
	Candidate Name		Category/ Type	
	Office Sought: House Disbu Senate President	rsement For: Primary General Other (specify)		
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	•	133.00
TOTAL This Period (last page this line number only)	<b>•</b>	133.00

SCHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)		OR LIN check or	E NUMBI	=H:		P	AGE	9 / 16	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X	23 28b	24 28c	П	25 29	26 30l
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<ul> <li>NAME OF COMMITTEE (In Full)</li> </ul>	and address of any political c	JUITITI	ilee io s	SOIICIL COITI	iiibull	0115 110	iii Sucil	COITIII	iill <del>ee</del>	
American Association of Oral and Maxillofee	acial Surgeons Political Ad	ction	Comn	nitt-						
Full Name (Last, First, Middle Initial)	E DINIO AMANI						SB23.1	4429	)	
A LOT OF PEOPLE WHO SUPPORT JEF	FBINGAMAN					sburse		ΥΥ	Υ	Υ
Mailing Address PO BOX 16210				0 <sup>M</sup> 7		1	3 /	2	0 ð 6	
City ALBUQUERQUE	State Zip Code NM 87191			Amo	unt of	Each	Disburse	ement	this P	eriod
Purpose of Disbursement	7 101	_	_	┧				2	500.0	0
Campaign Contribution										
Candidate Name		Cate Ty	gory/ pe							
Office Sought: House Disburse	ment For: 2006 Primary X General									
President	Other (specify)									
State: NM District: 00										
Full Name (Last, First, Middle Initial)  BILL NELSON FOR U S SENATE							SB23.1	444	1	
BILL NELSON FOR 0.3 SENATE				М	OT DI	sburse		ΥΥ	Y	Υ
Mailing Address 500 RED SAIL WAY				0 7		<sup>D</sup> 2	5	2	0 Ó 6	
City SATELITE BEACH	State Zip Code FL 32937			Amo	unt of	Each	Disburse	ement	this P	eriod
Purpose of Disbursement Campaign Contribution				<u> </u>		-		. 1	500.0	0
Candidate Name		Cate	gory/ pe							
Office Sought: House Disburse  x Senate	ment For: 2006 Primary X General									
President	Other (specify)									
State: FL District: 00	· · · · · · · · · · · · · · · · · · ·									
Full Name (Last, First, Middle Initial)  CONGRESSMAN JOE BARTON COMMIT	TEE, THE			_		<b>on ID:</b> sburse	SB23.1 ment	4430	)	
Mailing Address P.O. Box 1444				0 <sup>M</sup> 7	M /	1	3 /	ž	0 Ď 6	Y
City Ennis	State Zip Code TX 75120			Amo	unt of	Each	Disburse	ement	this P	eriod
Purpose of Disbursement Campaign Contribution			•	T L.				5	0.000	0
Candidate Name		Cate	gory/ pe							
Office Sought: X House Disburse Senate President	ment For: 2006 Primary X General Other (specify)									
State: TX District: 06	Other (Specify)									
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name								
$\rangle$	NAME OF COMMITTEE (In Full)  American Association of Oral and Maxillofa ee	·							
۹.	Full Name (Last, First, Middle Initial) DIANA DEGETTE FOR CONGRESS INC.  Mailing Address P.O. Box 61337					ction ID: S	ment	4431 Ž 0 Ŏ	6 <sup>Y</sup>
	City S	State Zip Code			Amour	it of Each I	Disburse	ment this	Period
	Denver	CO 80206			7 11.100.1		- 10.00.00		
	Purpose of Disbursement Campaign Contribution Candidate Name							2000	.00
	Candidate Name			ategory/ Type					
	Office Sought:  X House Senate President State: CO District: 01	ment For: 2006 Primary X Genera Other (specify)	al						
3.	Full Name (Last, First, Middle Initial) FRIENDS OF CONRAD BURNS - 2006					ction ID: S f Disburser		4433	
	Mailing Address PO BOX 1596				0 7	1 / 1	<sup>D</sup> / Y	žoŏ	6 <sup>Y</sup>
	,	State Zip Code MT 59624			Amour	it of Each I	Disburse		
	Purpose of Disbursement Campaign Contribution							2000	.00
	Candidate Name			ategory/ Type					
	Office Sought:    House   Disburser     X Senate   President     State: MT District:	ment For: 2006 Primary X Genera Other (specify) ▼	al						
Э.	Full Name (Last, First, Middle Initial) FRIENDS OF GEORGE ALLEN				Date of	ction ID: S		4432	
	Mailing Address PO BOX 6859				0 7	1 / D	<sup>D</sup> / Y	žoŏ	6 <sup>Y</sup>
	,	State Zip Code VA 22206			Amour	t of Each I	Disburse		
	Purpose of Disbursement Campaign Contribution							2000	.00
	Candidate Name			ategory/ Type					
	Office Sought:    House   Disburse     X Senate     President     State: VA District: 00	ment For: 2006 Primary X Genera Other (specify) ▼	al						
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name								ns
$\rangle$	NAME OF COMMITTEE (In Full)  American Association of Oral and Maxillofa ee								
۹.	Full Name (Last, First, Middle Initial) FRIENDS OF JOE LIEBERMAN  Mailing Address PO BOX 231294				Date o	action ID: S f Disbursen	nent	435 Ž 0 ŏ (	6 <sup>Y</sup>
	•	Etate Zip Code CT 06123			Amour	nt of Each D	isbursen	nent this	Period
	Purpose of Disbursement Campaign Contribution	00123						5000.	00
	Candidate Name  Office Sought: House Disburser	ment For: 2006		ategory/ Type					
		Primary General Other (specify)	l						
3.	Full Name (Last, First, Middle Initial) FRIENDS OF MIKE FERGUSON					action ID: S f Disbursen	_	420	
	Mailing Address c/o Ron Gravino P.O.	Box 225			0 <sup>M</sup> 7	/ D 7	7 / Y	žoŏ	6 <sup>Y</sup>
	•	State Zip Code NJ 07067			Amour	nt of Each D	isbursen		
	Purpose of Disbursement Campaign Contribution							5000.	00
	Candidate Name			ategory/ Type					
	Office Sought:  X House Senate President  State: NJ  Disburser	ment For: 2006 Primary X General Other (specify) ▼	l						
Э.	Full Name (Last, First, Middle Initial) GINGREY FOR CONGRESS				Date o	action ID: S f Disbursen	nent	421	
	Mailing Address PO Box U				0 <sup>M</sup> 7	0 7	7 Y	ž 0 ŏ	6 <sup>Y</sup>
		State Zip Code GA 30060			Amour	nt of Each D	isbursen		
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		mont For: 2006		ategory/ Type					
	Office Sought:    X   House   Disburser     Senate   President     State: GA   District: 11	ment For: 2006 Primary X General Other (specify) ▼	l						
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name								
$\rangle$	NAME OF COMMITTEE (In Full)  American Association of Oral and Maxillofa ee	· · · · · · · · · · · · · · · · · · ·							
۹.	Full Name (Last, First, Middle Initial) HATCH ELECTION COMMITTEE INC Mailing Address 175 SOUTH WEST TEMI	PLE SUITE 650			Date	of Disburs	ement		0 6
	•	State Zip Code UT 84101			Amou	ınt of Each	Disburse	ement th	nis Period
	Purpose of Disbursement Campaign Contribution Candidate Name	01 84101	Co	togon/				300	00.00
		ment For: 2006 Primary X General Other (specify)		tegory/ -ype					
3.	Full Name (Last, First, Middle Initial) KAY BAILEY HUTCHISON FOR SENATE	COMMITTEE			Date	saction ID: of Disburs	ement		V ° V
	Mailing Address PO BOX 9190 800 BRAZOS SUITE 120				0 7		<b>3</b> /	20	06°
	•	State Zip Code TX 75209			Amou	int of Each	Disburse		
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	Office Sought:    House   Disburse     X Senate     President     State: TX District: 00	ment For: 2006 Primary X General Other (specify)							
Э.	Full Name (Last, First, Middle Initial) LINDA STENDER FOR US CONGRESS				Date	saction ID	ement		
	Mailing Address P.O. Box 730				0 <sup>M</sup> 7	M / D C	7 /	žo	06°
	•	State Zip Code NJ 07076			Amou	int of Each	Disburse		
	Purpose of Disbursement Campaign Contribution				] L.			50	00.00
	Candidate Name			tegory/ ype					
_	Office Sought:  X House Senate President State: NJ District: 07	ment For: 2006 Primary X General Other (specify)							
s	<b>UBTOTAL</b> of Disbursements This Page (optional)			▶				850	0.00
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American Association of Oral and Maxillofa	icial Surgeons Political Ad	ction Cor	nmitt	-					
Full Name (Last, First, Middle Initial)				Transa	ction ID	: SB23.	14423	}	
LINDER FOR CONGRESS					f Disburs		V * V	· V	
Mailing Address P. O. Box 4026				0 <sup>M</sup> 7 M	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	7 /	2	0 Ď 6	
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Duluth Purpose of Disbursement	GA 30096						2	500.0	0
Campaign Contribution					-	-	-		-
Candidate Name		Category Type							
Senate President	ment For: 2006 Primary X General Other (specify) ▼								
State: GA District: 07									
Full Name (Last, First, Middle Initial)  Manzullo for Congress				Date of	f Disburs		14436	5	
Mailing Address P.O. Box 7783				07	/ D	3 <sup>/</sup>	ž	0 Ď 6	Y
•	State Zip Code IL 61126			Amour	nt of Each	Disburs			-
Purpose of Disbursement Campaign Contribution							. 40	0.000	0
Candidate Name		Category, Type							
Senate President	ment For: 2006 Primary X General Other (specify)								
State: IL District: 16  Full Name (Last, First, Middle Initial)				_		0000			
MIKE DEWINE FOR US SENATE					f Disburs				v 1
Mailing Address PO BOX 340188				0 7	່] ′ [ ້ (	7 /	2	0 Ď 6	
	State Zip Code OH 43234			Amour	nt of Each	Disburs			-
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Candidate Name		Category Type	-						
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SUBTOTAL of Disbursements This Page (optional) .			<b>&gt;</b>				95	0.00	o .
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